



Dysmenorrhea

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What is dysmenorrhea?

Pain associated with **menstruation** is called **dysmenorrhea**.

How common is dysmenorrhea?

Dysmenorrhea is the most commonly reported menstrual disorder. More than one half of women who menstruate have some pain for 1–2 days each month.

What are the types of dysmenorrhea?

There are two types of dysmenorrhea: primary dysmenorrhea and secondary dysmenorrhea.

What is primary dysmenorrhea?

Primary dysmenorrhea is pain that comes from having a menstrual period, or “menstrual cramps.”

What causes primary dysmenorrhea?

Primary dysmenorrhea usually is caused by natural chemicals called **prostaglandins**. Prostaglandins are made in the lining of the **uterus**.

When does the pain associated with primary dysmenorrhea occur during the menstrual period?

Pain usually occurs right before menstruation starts, as the level of prostaglandins increases in the lining of the uterus. On the first day of the menstrual period, the levels are high. As menstruation continues and the lining of the uterus is shed, the levels decrease. Pain usually decreases as the levels of prostaglandins decrease.

At what age does primary dysmenorrhea start?

Often, primary dysmenorrhea begins soon after a girl starts having menstrual periods. In many women with primary dysmenorrhea, menstruation becomes less painful as they get older. This kind of dysmenorrhea also may improve after giving birth.

What is secondary dysmenorrhea?

Secondary dysmenorrhea is caused by a disorder in the reproductive system. It may begin later in life than primary dysmenorrhea. The pain tends to get worse, rather than better, over time.

When does the pain associated with secondary dysmenorrhea occur during the menstrual period?

The pain of secondary dysmenorrhea often lasts longer than normal menstrual cramps. For instance, it may begin a few days before a menstrual period starts. The pain may get worse as the menstrual period continues and may not go away after it ends.

What disorders can cause secondary dysmenorrhea?

Some of the conditions that can cause secondary dysmenorrhea include the following:

- **Endometriosis**—In this condition, tissue from the lining of the uterus is found outside the uterus, such as in the **ovaries** and **fallopian tubes**, behind the uterus, and on the **bladder** (see the FAQ [Endometriosis](#)). Like the lining of the uterus, endometriosis tissue breaks down and bleeds in response to changes in **hormones**. This bleeding can cause pain, especially right around menstruation. Scar tissue called **adhesions** may form inside the pelvis where the bleeding occurs. Adhesions can cause organs to stick together, resulting in pain.
- **Adenomyosis**—Tissue that normally lines the uterus begins to grow in the muscle wall of the uterus.
- **Fibroids**—Fibroids are growths that form on the outside, on the inside, or in the walls of

the uterus (see the FAQ [Uterine Fibroids](#)). Fibroids located in the wall of the uterus can cause pain.

What tests are done to find the cause of dysmenorrhea?

If you have dysmenorrhea, your health care provider will review your medical history, including your symptoms and menstrual cycles. He or she also will do a **pelvic exam**. An **ultrasound exam** may be done. In some cases, your health care provider will do a **laparoscopy**. This is a type of surgery that lets your health care provider look inside the pelvic region.

How is dysmenorrhea treated?

Your health care provider may recommend medications to see if the pain can be relieved. Pain relievers or hormonal medications, such as birth control pills, often are prescribed. Some lifestyle changes also may help, such as exercise, getting enough sleep, and relaxation techniques. If medications do not relieve pain; treatment will focus on finding and removing the cause of your dysmenorrhea. You may need surgery. In some cases, a mix of treatments works best.

What medications are used to treat dysmenorrhea?

Certain pain relievers, called nonsteroidal anti-inflammatory drugs (NSAIDs), target prostaglandins. They reduce the amount of prostaglandins made by the body and lessen their effects. These actions make menstrual cramps less severe. NSAIDs work best if taken at the first sign of your menstrual period or pain. You usually take them for only 1 or 2 days. Women with bleeding disorders, asthma, aspirin allergy, liver damage, stomach disorders, or ulcers should not take NSAIDs.

What types of birth control methods help control dysmenorrhea?

Birth control methods that contain **estrogen** and **progestin**, such as the pill, the patch, and the vaginal ring, can be used to treat dysmenorrhea. Birth control methods that contain progestin only, such as the birth control implant and the injection, also may be effective in reducing dysmenorrhea. The hormonal **intrauterine device** can be used to treat dysmenorrhea as well.

What types of medication can be used to treat dysmenorrhea caused by endometriosis?

If your symptoms or a laparoscopy point to endometriosis as the cause of your dysmenorrhea, birth control pills, the birth control implant, the injection, or the hormonal intrauterine device can be tried. **Gonadotropin-releasing hormone agonists** are another type of medication that may relieve endometriosis pain. These drugs may cause side effects, including bone loss, hot flashes, and vaginal dryness. They usually are given for a limited amount of time. They are not recommended for teenagers except in severe cases when other treatments have not worked.

What alternative treatments help ease dysmenorrhea?

Certain alternative treatments may help ease dysmenorrhea. Vitamin B₁ or magnesium supplements may be helpful, but not enough research has been done to recommend them as effective treatments for dysmenorrhea. Acupuncture has been shown to be somewhat helpful in relieving dysmenorrhea.

When is uterine artery embolization (UAE) done to treat dysmenorrhea?

If fibroids are causing your dysmenorrhea, a treatment called uterine artery embolization (UAE) may help.

What is done during UAE?

In this procedure, the blood vessels to the uterus are blocked with small particles, stopping the blood flow that allows fibroids to grow. Some women can have UAE as an outpatient procedure.

What complications are associated with UAE?

Complications include infection, pain, and bleeding.

When is surgery done to treat dysmenorrhea?

If other treatments do not work in relieving dysmenorrhea, surgery may be needed. The type of surgery depends on the cause of your pain.

If fibroids are causing the pain, sometimes they can be removed with surgery. Endometriosis tissue can be removed during surgery. Endometriosis tissue may return after the surgery, but removing it can reduce the pain in the short term. Taking hormonal birth control or other medications after surgery may delay or prevent the return of pain.

Hysterectomy may be done if other treatments have not worked and if the disease causing the dysmenorrhea is severe. This procedure normally is the last resort.

Glossary

Adenomyosis: A condition in which the tissue that normally lines the uterus begins to grow in the muscle wall of the uterus.

Adhesions: Scarring that binds together the surfaces of tissues.

Bladder: A muscular organ in which urine is stored.

Dysmenorrhea: Discomfort and pain during the menstrual period.

Endometriosis: A condition in which tissue that lines the uterus is found outside of the uterus, usually on the ovaries, fallopian tubes, and other pelvic structures.

Estrogen: A female hormone produced in the ovaries.

Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.

Fibroids: Benign growths that form in the muscle of the uterus.

Gonadotropin-releasing Hormone Agonists: Medical therapy used to block the effect

of certain hormones.

Hormones: Substances produced by the body to control the functions of various organs.

Hysterectomy: Removal of the uterus.

Intrauterine Device: A small device that is inserted and left inside the uterus to prevent pregnancy.

Laparoscopy: A surgical procedure in which an instrument called a laparoscope is inserted into the pelvic cavity through small incisions. The laparoscope is used to view the pelvic organs. Other instruments can be used with it to perform surgery.

Menstruation: The monthly discharge of blood and tissue from the uterus that occurs in the absence of pregnancy.

Ovaries: Two glands, located on either side of the uterus, that contain the eggs released at ovulation and that produce hormones.

Pelvic Exam: A manual examination of a woman's reproductive organs.

Progestin: A synthetic form of progesterone that is similar to the hormone produced naturally by the body.

Prostaglandins: Chemicals that are made by the body that have many effects, including causing the muscle of the uterus to contract, usually causing cramps.

Ultrasound Exam: A test in which sound waves are used to examine internal organs.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.